## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # **F72785**

1. Corporation Name

C. WAT	CONSTRUCTION AND ELE	CINICAL	, 1140-								
Principal Place	e of Business	Mailin	g Address			•	- ( )	101 0111 01011 1	ITMAS MEMAE MEMAN MI	E11 01011 1981	
130 N.W. 24TH ST. 1515 NW 167 ST MIAMI FL 33127 MIAMI FL 33151							DO NOT WRI	TE IN THIS	SPACE		
		ŲS					3. Date Incorporated or Qualifed	IE IN THIS	SPACE	<del></del>	ı
							03/19/1982				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Apr	lied For	
							59-2180435			Applicable	
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	dditional	:
22		27	City & State				a Flanting Committee Financing		\$5.00	<del>'</del>	
City & Stat	.e ∎	<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution		Added to	•	
Zip	Country		Zip Cour				8. This corporation owes the curr	ent year Int	angible		
24	25		30				Personal Property Tax.			□No	
	9. Name and Address of Curre	nt Registere	ed Agent				10. Name and Address of New F	Registered	Agent		
	P. P. C.	ŗ			81	Name					
MAY, PAUL  G. MONE FINANCIAL PLAZA, SUITE 2602					82	Street Addre	ss (P.O. Box Number is Not Accepta	able)			
FT. LAUDERDALE FL 33394					83		200 A 100 A	Harry I		15 5	l
					84	City			85 Zip C		
	. 0.5							<u> </u>	1 1		
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the control of	ations of, Se	ction 607.0505, Flo	rida Statu	ıtes.			purpose or of the appoi	intment as reg	registered pistered	
	Signature, typed or printed name of registered age				Ageni	t signature required	ADDITIONS/CHANGES TO OF		ID DIRECTO	20 IN 12	ł
12.	OFFICERS A	ND DIRECT	DELETE	13. 1,1 TIT	·			FICERS AI		· Addition	1
TITLE	P NAV CIVIE		C) DELETE	1.2 NA						<u> </u>	;
NAME	MAY, CLYDE E									,	
STREET ADDRESS	4126 NW 3RD AVE.					ADORESS	-				
CITY-ST-ZIP	MIAMI FL 33127		☐ DELETE	1.4 CIT		-ZIP			Change	Addition	ł
TITLE	VP .		☐ NETE IE	2.1 TiT							
NAME	SMITH, WILLARD			2.2 NA						•	
STREET ADDRESS	1515 NW 167TH ST.	_				ADDRESS		•			l
CITY-ST-ZIP	MIAMI FL 33151; 22 4 7 5 5		☐ DELETE	2. 4 CT		T-ZIP			_ Change	☐ Addition	ł
TITLE	VP.		☐ DECETE	I -				-	- Change		l
NAME	GREENE, ARNOLD	<i>γ</i>		3.2 NA		ADDUCC					l
STREET ADDRESS	130 NW 24TH ST.					ADDRESS					l
CITY-ST-ZIP	MIAMI FL 33127	•	☐ DELETE	3.4. CI 4.1 TIT		1-ZIP	V 101.13	3 17 EGE	Change	Addition	1
TITLE				4. 2 N			, , , , , , , , , , , , , , , , , , ,			_	l
NAME STREET ADDRESS	<b>()</b>	1 4 25	• •			ADDRESS					
CITY-ST-ZIP		1,500 S		4.4 CII				•			
TITLE			☐ DELETE	5.1 TIT					☐ Change	Addition	1
NAME				5.2 NA	ME	. •	** * 4 * 2 **	•			
STREET ADDRESS	}			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP	} ₽			5.4 CIT	TY-ST	r-ZIP					]
TT -	PWS. Christ.		□ DELETE	6.1 TIT	ΠF	<del></del>			☐ Change	☐ Addition	1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90022 008 \*\*\*150.00